

**STATE OF WASHINGTON**  
**OFFICE OF INSURANCE COMMISSIONER**  
**CREDIT CARD AUTHORIZATION FORM**

Credit card payment (Visa or MasterCard) is accepted for fees payable to Washington Office of Insurance Commissioner. Complete the following information and submit with the requisite forms for your request. In order to protect credit card information, do not put credit card information on any form other than this form. All information below must be completed.

**PLEASE NOTE:** Fingerprint processing fees CANNOT be paid by credit card. This fee must be a company check, cashier's check or money order payable to the Washington State Patrol—I D section.

I hereby authorize the use of my Visa or MasterCard credit card for payment of my requisite licensing fees. (Please print clearly)

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**CITY** **STATE** **ZIP**

**VISA or MASTERCARD CARD NUMBER**

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**EXPIRATION DATE (MM/YYYY)**

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**AMOUNT** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_